

**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
1025 Capital Center Drive, Suite 200  
Frankfort, Kentucky 40601

**ANNUAL RENEWAL APPLICATION  
FOR A CHECK CASHING/DEFERRED DEPOSIT TRANSACTION LICENSE**

**Complete Legal Name of Licensee (as printed on license)**\_\_\_\_\_

**License Number** \_\_\_\_\_

Please answer all questions, writing "N/A" where a question does not apply. Use as many separate pages as are necessary to complete the application.

To the Commissioner, Department of Financial Institutions of Kentucky:

The undersigned hereby applies for renewal of a license to conduct a check Cashing/deferred deposit transaction business, as provided in Kentucky Financial Services Code 286.9, at the following locations in Kentucky:

(Street)	(City)
(Street)	(City)
(Street)	(City)
(Street)	(City)
(Street)	(City)

- 1.) Has any officer, employee or owner been convicted of violating any of the provisions of this Act, or similar Act(s) in this or other states? If yes, give particulars. \_\_\_\_\_
- 2.) Has any officer, employee or owner been connected directly or indirectly as principal or employee with any business licensed under this Act, or similar Act(s), in this or other states where said license was revoked? If yes, give particulars. \_\_\_\_\_
- 3.) Has any officer, employee or owner been suspended or removed by any agency or department of the United States, or any State from participation in the conduct of any business? If yes, give particulars. \_\_\_\_\_
- 4.) Has any officer, employee or owner been convicted of a felony in the past 10 years? If \_\_\_\_\_ so, \_\_\_\_\_ give particulars. \_\_\_\_\_

- 5.) Does the licensee conduct a check cashing business in any other state(s)? If so, list all states where currently operating. Also indicate if said operation(s) is/are licensed to do business in that/those state(s) and under what name. \_\_\_\_\_  
\_\_\_\_\_
- 6.) Has the licensee changed its form of business organization (e.g. from partnership or individual to corporation) and/or percentage of ownership since the last application or renewal? \_\_\_\_\_ If \_\_\_\_\_ so, \_\_\_\_\_ give particulars. \_\_\_\_\_  
\_\_\_\_\_
- 7.) Please list name, direct phone number, E-mail address, and fax number of person to contact for:
- a. Licensing Issues \_\_\_\_\_
- b. Regulatory/Compliance Issues \_\_\_\_\_

STATE OF KENTUCKY \_\_\_\_\_ COUNTY, ss.:

I \_\_\_\_\_, hereby declare on my oath that I have executed this application as  
(Name of person signing application)

\_\_\_\_\_  
(Individual application, partner of applicant, or officer of applicant—if officer, state office held)

and that the facts stated in the application are true and correct.

\_\_\_\_\_  
(Signature of Individual Applicant or Partner of Officer of Applicant)

Subscribed and sworn before me, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_